

Department of
**Health
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and Policy**

December 29, 2015

**A Survey of EDCD Waiver Participants who were
Enrolled in the Commonwealth Coordinated Care
(CCC) Program for Dual-Eligibles**

Early Findings

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College of Health
and Human Services

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PREFACE

Faculty from the Department of Health Administration and Policy at George Mason University have been collaborating with staff from the Virginia Department of Medical Assistance Services to evaluate the Commonwealth Coordinated Care (CCC) Program for dual eligible (Medicare-Medicaid) beneficiaries.

One particular group of interest is CCC program participants who receive services through the “Elderly or Disabled with Consumer Direction” (EDCD) program. EDCD is a Virginia Medicaid home and community based waiver program which offers long-term services and supports (LTSS) to eligible individuals who require assistance with activities of daily living, so they can live in the community rather than in a facility setting. In addition to their need for LTSS, these individuals tend to have greater medical and mental health needs than other beneficiaries. As a result, this subgroup of dual-eligible beneficiaries can provide important feedback on satisfaction and access across a wide range of services offered under the CCC program. As part of the evaluation, a research team at George Mason University designed and fielded telephone surveys of EDCD waiver participants who were eligible to participate in the CCC program.

Two beneficiary surveys were fielded in 2015. The first was directed at individuals in the EDCD waiver program who declined to participate in the CCC program, in order to understand their reasons for not enrolling. The second survey was directed at individuals in the EDCD waiver program who enrolled in the CCC program, in order to assess their satisfaction with medical, specialty, care coordination, personal assistance and other important services as well as their satisfaction with their health plan (also referred to as Medicare-Medicaid plans or MMPs). These individuals could have actively elected to enroll in an MMP during the initial CCC enrollment period (i.e., “opt in”) or they could have been automatically assigned to an MMP (i.e., “auto-enrolled”) if they did not decline participation. At the time of the survey three MMPs provided services under CCC, HealthKeepers, Virginia Premier and Humana. In the future the evaluators will survey individuals who enrolled in the CCC program, but later disenrolled.

In this report we summarize the results of our survey of individuals in the EDCD waiver program who participated in the CCC program.

A Survey of EDCD Waiver Participants who were Enrolled in the Commonwealth Coordinated Care (CCC) Program for Dual-Eligibles

Early Findings

SUMMARY OF KEY FINDINGS

Survey Respondents and Overall Satisfaction

- The survey found that individuals in the EDCD waiver who also participated in the CCC program reported having relatively poor health and mental health. In addition, they reported high levels of need for assistance with activities of daily living (ADLs), such as bathing, dressing, and eating. Half of respondents needed help with 4 or more ADLs. This is not unexpected because the eligibility criteria of the EDCD waiver are the same as for nursing facility placement. Furthermore, the survey confirms that their health and other services needs are multi-fold and complex.
- 516 out of 996 individuals participated in the survey, a 52% response rate.
- Survey respondents reported high levels of satisfaction with their health plan, including their plan's medical services and customer service. The differences in overall satisfaction across the three health plans, HealthKeepers, Virginia Premier and Humana, were not statistically significant.

Primary Care, Specialty and Mental Health Services

- Nearly all respondents reported having a primary care doctor who met their needs very well or somewhat well.
- Most individuals reported either no change or improvements in their primary care: The majority, **74%** reported no change in primary care, **19%** reported that their needs were being met better than 6 months ago; and **6%** reported a worsening in needs being met.
- Similar changes were reported for specialty care and personal care with most individuals reporting no change, **19%** reporting improvements in care, and fewer than **10%** reporting a worsening. However, for mental health care there was evidence of a greater worsening in needs than for other services. Among mental health services users, **16%** reported a worsening in how well their need for mental health services was being met.

Care Coordinators and Other Services

- Just over half of respondents recalled meeting their health plan care coordinators and most individuals were extremely satisfied (**67%**) or somewhat satisfied (**29%**) with their

care coordinators. A care coordinator, service coordinator or care manager is someone affiliated with a health plan whose job is to know the individuals health and social needs, to help them follow their doctor's instructions, and help them obtain the care they need. They do not assess eligibility for the EDCD waiver program.

- The vast majority of beneficiaries felt their needs for medical supplies and mobility or breathing equipment were being met.
- Transportation appears to be an area of weakness with **28%** reporting their needs were only sometimes met **and 10%** reporting their needs were never met.

Enrollment Experience

- When asked why they enrolled in their health plan, the most common response was the desire to receive more services, among which dental and vision services were cited the most often.
- The vast majority of respondents (**91%**) found the information about CCC program and the enrollment process to be somewhat easy or very easy to understand.
- When asked whether anyone told the respondent that they had the option to drop out of their health plan at any time, **71%** reported they were aware of this provision.
- Among those respondents who reported being in a health plan, **87%** said they planned to stay in their health plan while a much smaller fraction of respondents was planning to disenroll (**4%**) or were not sure (**8%**).

The survey results indicate that individuals in the CCC program who receive EDCD waiver services have multifold health and LTSS needs. Their satisfaction with CCC health plans is, on the whole, high. Most beneficiaries perceived improvements in their services or no change. Health plan care coordinators were very well regarded. Potential areas for further exploration are reasons to help explain why half of beneficiaries did not recall meeting their care coordinator, which may be related to terminology. In addition, mental health and transportation services were areas where more individuals indicated deficits than for other services. With respect to enrollment experiences, survey respondents found the CCC enrollment process to be fairly simple and the information understandable. The vast majority was also aware of program rules permitting them to disenroll from their health plan at any time. The overall picture presented by this group of individuals is of a successful program that has engendered high consumer satisfaction and some improvements in access across a wide range of medical, mental and long-term services.

Acknowledgements

We would like to thank staff members at the Virginia Department of Medical Assistance Services (DMAS), including Gerald Craver, Tammy Driscoll, Emily Carr, Jason Rachel, and Fuwei Guo for their guidance. We also wish to thank members of the Commonwealth Coordinated Care (CCC) evaluation advisory committee who provided helpful comments on early drafts of the survey instruments.

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A Survey of Dual-Eligible Individuals who received EDCD Waiver services and Participated in the Commonwealth Coordinated Care (CCC) Program

Early Findings

INTRODUCTION

The Commonwealth Coordinated Care (CCC) Program for dual eligible (Medicare-Medicaid) beneficiaries is an important initiative both within the state and nationally. Virginia is one of 10 states to implement a capitation program that spans acute and long-term services and supports (LTSS) for individuals who are eligible for both Medicare and Medicaid coverage. These state initiatives are part of the national “Financial and Administrative Alignment Demonstrations for Dual Eligible Beneficiaries” sponsored by the Centers for Medicare and Medicaid Services (CMS). While dual-eligible beneficiaries are all low-income adults, their health care and long-term service and support (LTSS) needs are complex and heterogeneous. Although their Medicare coverage of services is uniform, their Medicaid coverage can range from support for Medicare premiums and cost-sharing based on income only, to other forms of LTSS coverage, such as personal assistance services.

During discussions between George Mason University faculty and staff from the Department of Medical Assistance Services (DMAS) a particular group of individuals affected by the CCC program emerged. This was the group who receive who receive services under the “Elderly or Disabled with Consumer Direction” (EDCD) waiver program. EDCD is a Virginia Medicaid home and community based waiver program which offers LTSS to eligible individuals who require assistance with activities of daily living and prefer to live in the community rather than in a facility setting. In addition to their need for LTSS, these individuals tend to have greater medical and mental health needs than other dual-eligible beneficiaries. As a result, this subgroup of dual-eligible beneficiaries can provide important feedback on satisfaction and access across a wide range of services offered under the CCC program.

As an outgrowth of these discussions, George Mason University designed and fielded a telephone survey of EDCD beneficiaries who enrolled in the CCC program to assess a wide range of topics, including satisfaction with medical, specialty, care coordination, personal assistance and other important services as well as their overall satisfaction with the health plans. (also referred to as Medicare-Medicaid plans or MMPs). These individuals could have actively elected to enroll in an MMP during the initial CCC enrollment period (i.e., “opt in”) or they could have been automatically assigned to an MMP (i.e., “auto-enrolled”) if they did not decline participation. Individuals who did not decline participation were passively enrolled into one of the MMPs by DMAS. Three MMPs provided services under CCC during the survey window, HealthKeepers, Virginia Premier and Humana. In this report we summarize the results of our survey of individuals in the EDCD waiver program who participated in CCC.

FINDINGS

1. Survey Response Rates

DMAS provided the survey team with a list of individuals who were receiving services under the EDCD waiver and were enrolled in a health plan under CCC. The survey team contacted 996 individuals with valid phone numbers. Of these, 516 completed responses to the telephone survey, a response rate of **52%**. Notably, more than 1,500 individuals had missing or invalid phone numbers and, therefore, could not be reached. As a result, a follow-up paper version of the survey has been mailed in order to increase total response. The results summarized below include early findings based on the telephone survey.

Among the surveys that were conducted, **53%** were completed by the beneficiaries themselves. When a beneficiary did not complete the survey, the proxy respondent was most often a family member.

2. Demographics and Health Status

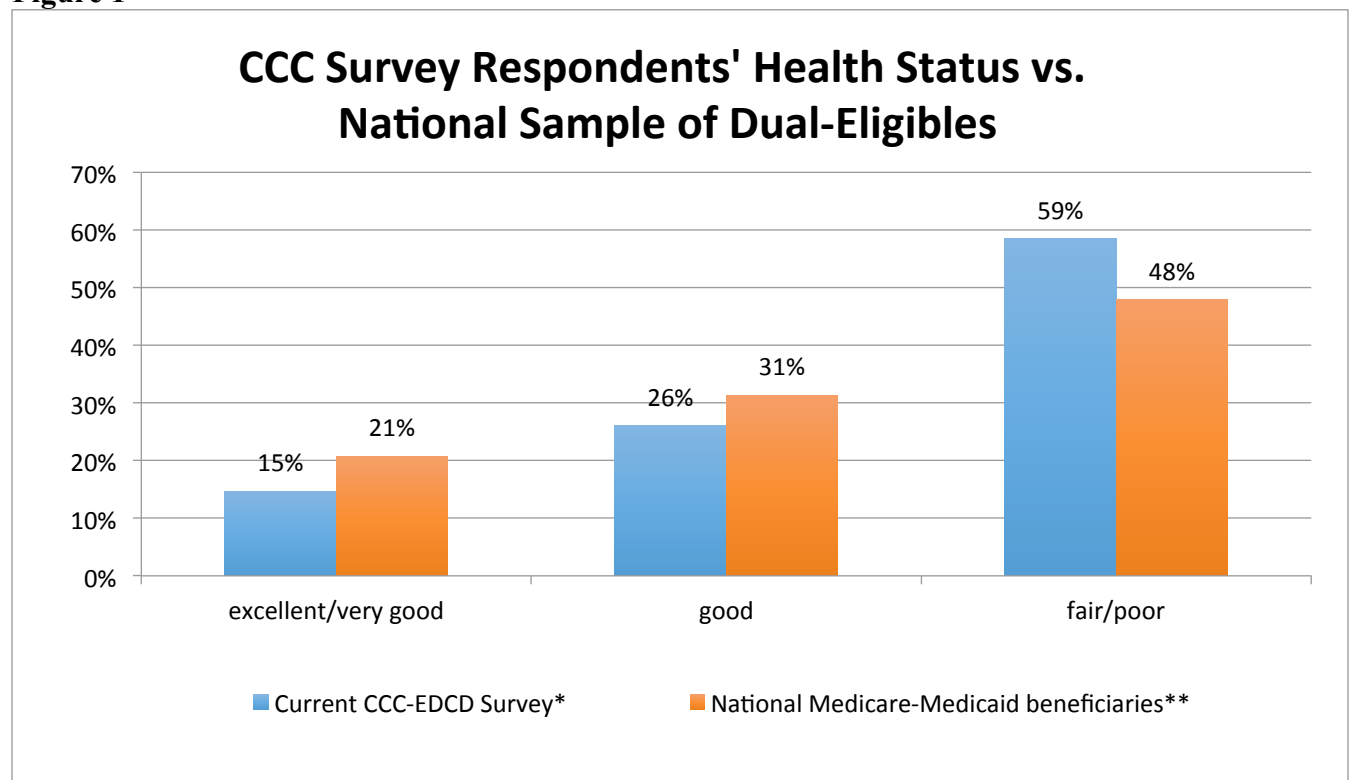
Among the survey respondents, **56%** were non-Hispanic black, **30%** were non-Hispanic white, **12%** did not provide their race, and **2%** reported being Hispanic (white or black). The educational background of participants varied with a large fraction with low levels of education: **44%** had less than a high school education, **29%** had a high school degree or GED, and **22%** had at least some college, and **4%** did not respond.

The survey participants were asked to evaluate their overall health along a spectrum from excellent to poor. **15%** of respondents endorsed being in excellent or very good health, **26%** in good health, and **58%** reported being in fair or poor overall health. In addition, **47%** reported having three or more chronic conditions. There were no statistically significant differences in the health status of respondents across the 3 health plans, HealthKeepers, Virginia Premier and Humana.

As a point of comparison in a national survey **21% of** Medicare-Medicaid eligible individuals reported being in excellent or very good health, **31%** reported being in good health, and **48%** reported being in fair or poor health (**Table 1**). Thus, individuals responding to the CCC survey were in poorer health than dual-eligible beneficiaries on average in the country. This is consistent with the fact that they need LTSS services, whereas the national survey included all dual-eligible beneficiaries, whether or not they used LTSS services.

The EDCD survey participants also were asked to evaluate their overall mental and emotional health along a spectrum from excellent to poor. **41%** of respondents endorsed being in excellent, very good or good mental health, while **59%** reported that their mental health was fair or poor.

Figure 1



* 2015 George Mason University Survey of EDCD Waiver Participants Enrolled in the Commonwealth Coordinated Care Program

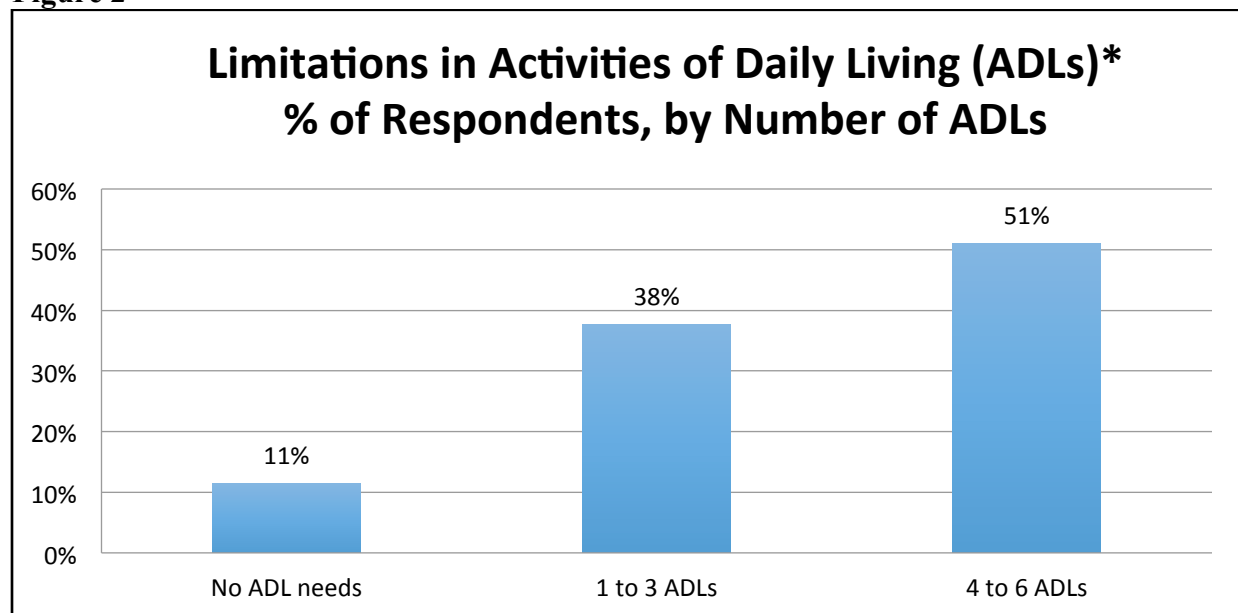
** 2013 National Health Interview Survey, Medicare-Medicaid respondents over age 65

3. Assistance with Activities of Daily Living

Respondents were asked whether they had difficulty with any of six areas called “activities of daily living” (ADL). The survey inquired about six ADLs: bathing or showering, dressing, eating, getting in and out of bed or chairs, walking, and using the toilet, including getting to the toilet. **89%** of respondents indicated needing assistance with at least one ADL. By comparison in a national survey of Medicare-Medicaid beneficiaries **22%** had a need for assistance with ADLs, which highlights the more extensive service needs of the group in the CCC-EDCD survey.

Among the current survey respondents who needed assistance, **42%** reported needing assistance with 1 to 3 ADLs and **58%** reported having difficulty with 4 to 6 ADLs. (**Figure 2**). There were no statistically significant differences in the ADL needs of respondents across the 3 health plans, HealthKeepers, Virginia Premier and Humana. **86%** of individuals reported receiving home care services. Of these, **87%** indicated that they receive their care through a home care agency, rather than through their own personal care attendant.

Figure 2



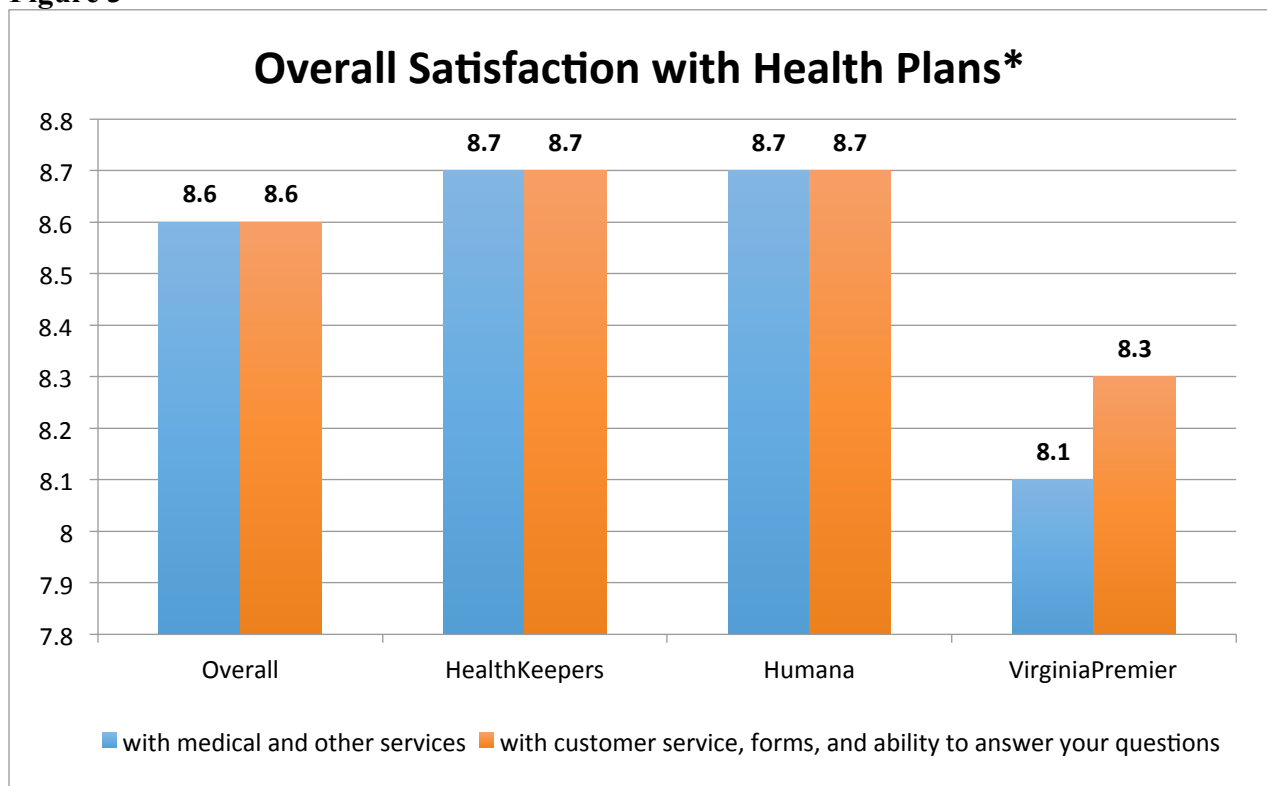
* Activities include bathing or showering, dressing, eating, getting in and out of bed or chairs, walking, and using the toilet, including getting to the toilet

4. Health Plan Satisfaction

Survey respondents reported high levels of overall satisfaction with their health plans. On a scale of 0 (lowest) to 10 (highest), individuals rated the medical and other services offered by their plan at 8.6 on average. They were equally satisfied with their health plan's customer service, rating it 8.6 on average (see **Figure 3**). Differences in overall satisfaction across the three health plans, HealthKeepers, Virginia Premier and Humana, were not statistically significant.

Across the three different health plans, **32%** of respondents were enrolled in HealthKeepers, **30%** in Humana, and **15%** in Virginia Premier. In addition, **13%** of respondents were not sure which of the three health plans they were enrolled in, while **11%** reported not being in a CCC plan. It is not possible to discern if the latter group had disenrolled or were not aware they were participating in the CCC program. Among those respondents who reported being in a health plan, **87%** said they planned to stay in their health plan while the remainder planned to disenroll (**4%**) or said they were not sure (**8%**).

Figure 3

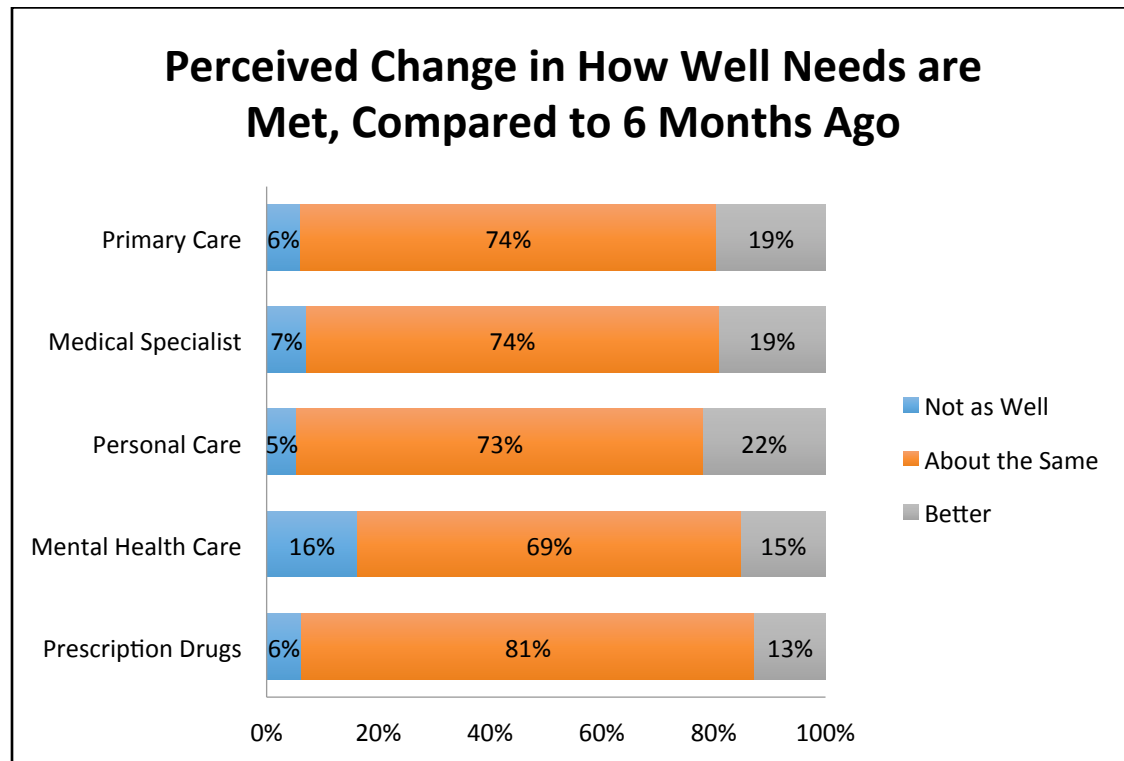


*on a scale of 1 to 10 with 10 being the highest score

5. Primary Care Experience

Respondents were asked to reflect on their primary care provider or personal doctor. Most (96%) reported having a primary care provider and nearly all reported that their primary care provider met their needs very well (80%) or somewhat well (17%). More importantly from the standpoint of evaluating CCC, respondents were asked to reflect on whether their needs were being met better, about the same or not as well as 6 months ago. To this, 74% reported about the same, 19% reported better than 6 months ago, and 6% reported worse than 6 months ago (Figure 4). There were no statistically significant differences in how well needs were being met or changes in needs for primary care across the 3 health plans.

Figure 4



When asked if they had delayed getting care from a primary care provider in the past 6 months, **14%** indicating issues with obtaining appointments, getting through by phone, or lacking transportation.

Nearly two-thirds (**64%**) of survey respondents reported currently using medical specialty services such as surgeons, heart doctors, allergy doctors, skin doctors or doctors who specialize in one area of health care. As with primary care, **19%** perceived an improvement in how well their specialty care needs were being met, relative to 6 months ago, while **74%** reported no change and **7%** perceived a worsening. A slightly higher percentage reported improvements in having their personal care needs met (**22%**) compared to primary care and specialty medical care. There were no statistically significant differences in perceived changes for specialty care or personal attendant services across the 3 health plans.

The picture is somewhat different for mental health services. While only **16%** of respondents reporting using mental health services, **16%** of this subgroup reported their needs were not met as well as 6 months ago, a higher rate than for other services. Interestingly, this subgroup was slightly more likely than others to report improvements in their primary care needs being met (**24%** compared to **19%**), highlighting that their concerns were specific to mental health services. Too few respondents reported using substance abuse services to assess a meaningful change in needs met.

6. Care Coordination

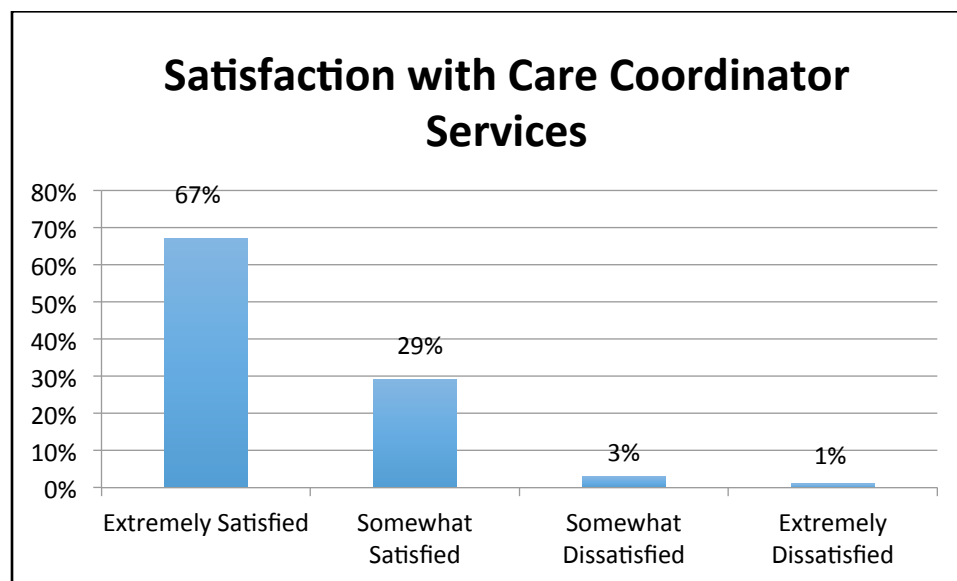
Respondents with multiple doctors were asked how well the doctors work together to provide care. Two-thirds (**66%**) of respondents said that the doctors passed on information to each other either always or usually and 70 percent indicated that the care is well-connected either usually or always.

Respondents were asked specifically about their care coordinators. To assist respondents, the survey defined a care coordinator, service coordinator or care manager as someone affiliated with a health plan whose job is to know the individuals health and social needs, to help them follow their doctor's instructions, and to help them obtain the care they need. Further, the survey indicated that a care coordinator does not assess eligibility for the EDCD waiver program.

First, respondents were asked to recall if they had met with a care coordinator. **52%** said they had met their care coordinator, while **35%** said they had not, and **13%** were not sure. Individuals who could not recall their health plan name were more likely to say they had not met their care coordinator. Those who said their health plan was Human were the most likely to report being seen by a care coordinator (**74%**), followed by Virginia Premier (**67%**) and Healthkeepers (**65%**).

Most individuals were extremely satisfied (**67%**) or somewhat satisfied (**29%**) with their care coordinators while only **4%** were either somewhat or extremely dissatisfied (**Figure 5**). Moreover, **82%** were completely satisfied with the health risk assessment performed by the care coordinator. There were no statistically significant differences across the 3 health plans in terms care coordinator satisfaction.

Figure 5



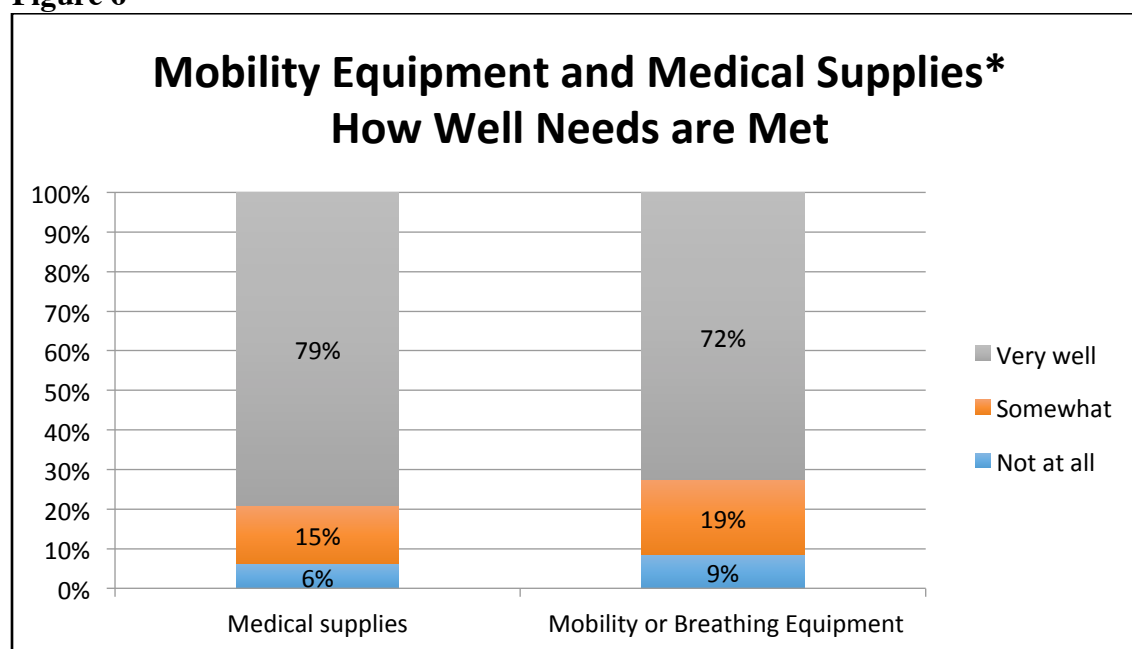
Respondents were also asked to comment on the one thing they liked or disliked most about their care coordinator. The 232 comments that were made were overwhelmingly positive, indicating

that respondents were particularly pleased with care coordinators' helpfulness, compassion, efficiency, responsiveness, information, and communication.

7. Medical Supplies, Transportation, and Mobility or Breathing Equipment

Individuals who need assistance with activities of daily living often require other types of LTSS. For example, two-thirds of respondents required mobility or breathing equipment and one third required medical supplies through their health plan. In addition, one third of respondents required transportation to and from clinics and doctors' offices. As shown in **Figure 6**, survey respondents felt their need for medical supplies and mobility or breathing equipment were met very well (**72%** and **79%** respectively) or somewhat well (**19%** and **15%** respectively). Less than **10%** felt their needs were not met at all (**9%** for medical supplies and **6%** for needed mobility or breathing equipment).

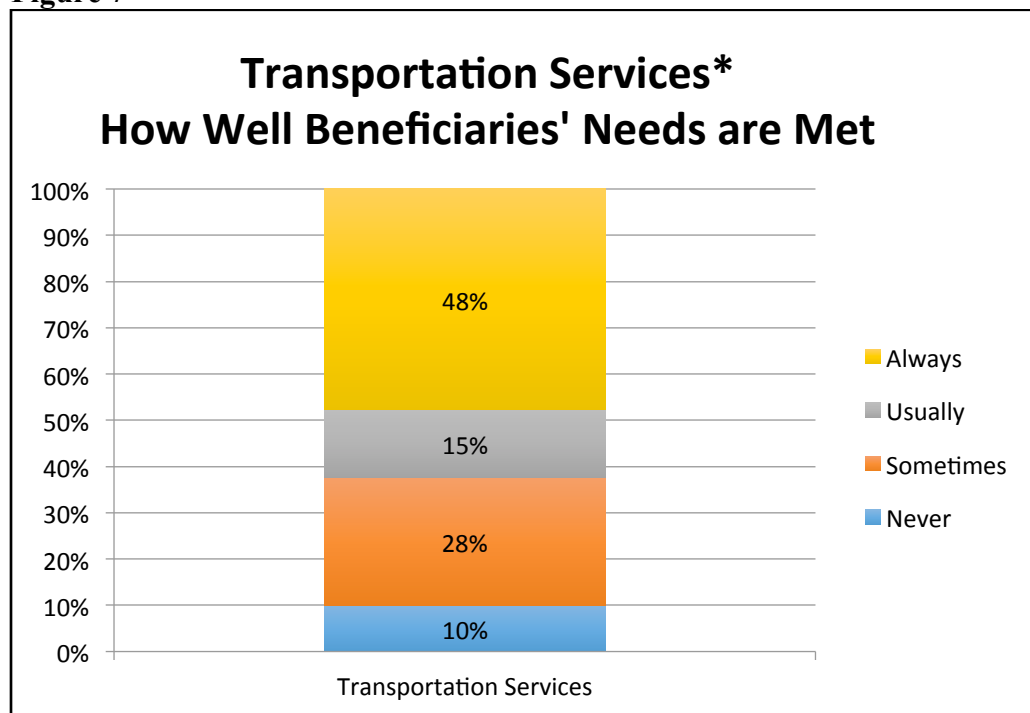
Figure 6



* Mobility and breathing equipment includes wheelchairs, walkers, oxygen tank or suction machine. Medical Supplies includes items most people only use once, such as syringes, urine bags and feeding tubes.

Some problems were reported with transportation services. **Figure 7** illustrates responses to how well transportation needs are met. **Ten percent** reported never receiving the transportation services they needed, while 28% reported sometimes receiving them. More than two thirds reported receiving their transportation usually (**15%**) or always (**48%**) when needed. Respondents who reported being in Virginia Premier were more likely to say their transportation needs were always met (**80%**), then those in HealthKeepers (**46%**) or Humana (**38%**). Those who experienced changes in their access to transportation were asked to provide comments. Of 41 comments, 9 noted that the change was positive. The others predominantly commented that they had experienced transportation that was unreliable and not provided when scheduled.

Figure 7



*includes transportation provided by health plan to and from clinics and doctors' offices, including buses, taxis, vans or fare vouchers.

8. Health Plan Enrollment

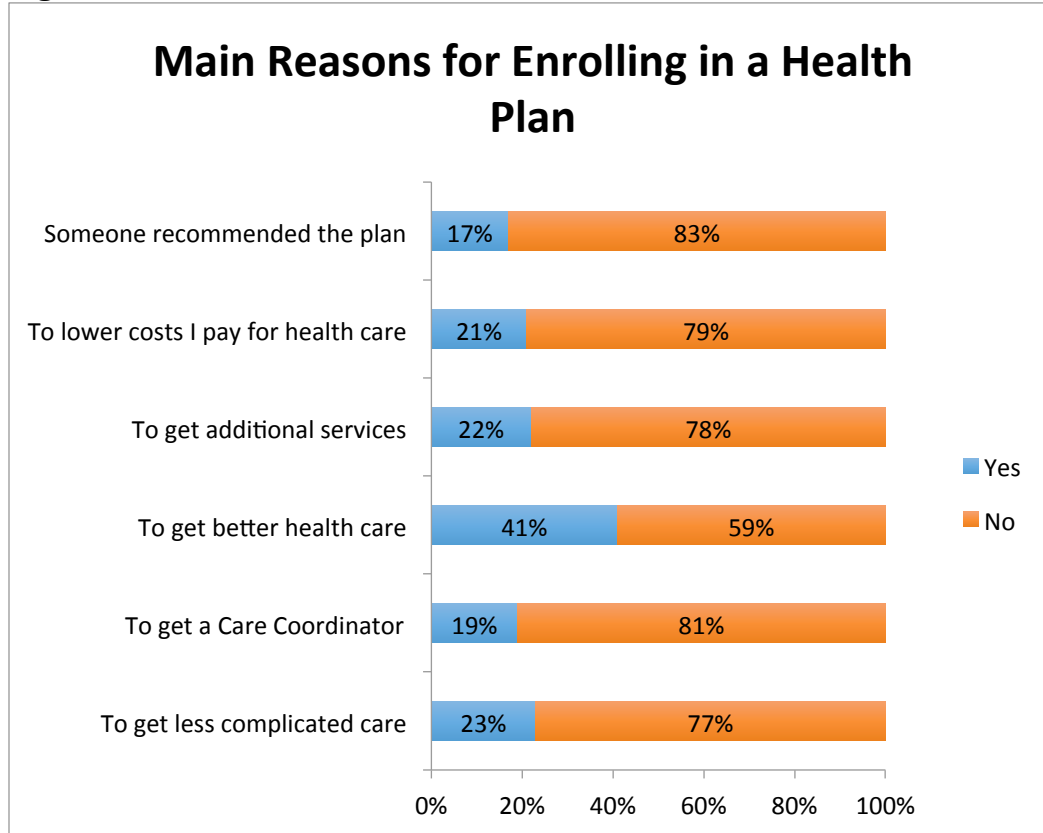
Of respondents who reported knowing which health plan they were in, nearly half actively chose their own health plan, while the other half was enrolled by DMAS most likely through passive enrollment. Of those who chose their own plan, **91%** reported that the choice was very easy or easy, while **8%** reported the choice was somewhat difficult and only one person reported that the choice was very difficult. In addition, **91%** reported that the enrollment process was also very easy or somewhat easy and only **9%** found it difficult or very difficult.

Survey respondents were also asked whether they had made the decision independently or with help. **Ninety percent** reported making the decision entirely on their own, while **8%** made the decision with either some or a lot of influence from someone else. Only **2%** reported that someone else had made the decision for them.

The survey also asked the reasons why respondents enrolled in their health plan. They could endorse more than one reason (see **Figure 8**). The most common response was to receive better health care. **Twenty-two** percent chose their plan in order to receive additional services, primarily dental and vision services. Of those who said someone recommended the plan, that person was most often a family member, followed by a provider.

When asked whether anyone told them they had the option to drop out of their health plan at any time, **71%** reported they were aware of this provision.

Figure 8



9. Respondent Comments

Respondents were then asked a general, open-ended question about their health plans, allowing them to comment on topics not included in the survey. Of the 79 responses to this open question, 33 responses related to difficulties with prescription drugs, 14 responses to access to doctors, 16 responses related to insurance or administrative issues, 14 responses noted that nothing significant had changed or that care had improved, and 2 responses were related to other issues.

10. Information about the CCC Program

Individuals were asked to recall whether they received the CCC mailing packet. Only **40%** recalled receiving the mailing (**Figure 9**). Those who recalled receiving the mailing were asked about the information and how easy or difficult it was to understand. Answers were combined into very easy or somewhat easy and very difficult or somewhat difficult. Most thought the information was easy or somewhat easy to understand (**Figure 10**).

Figure 9

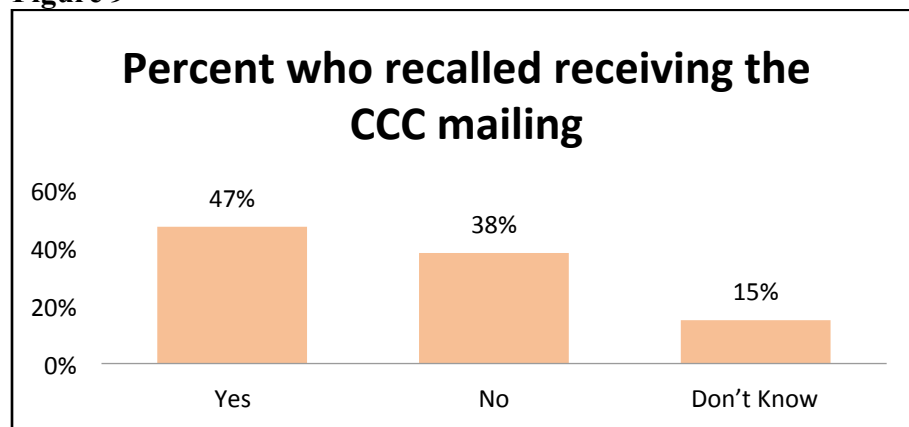
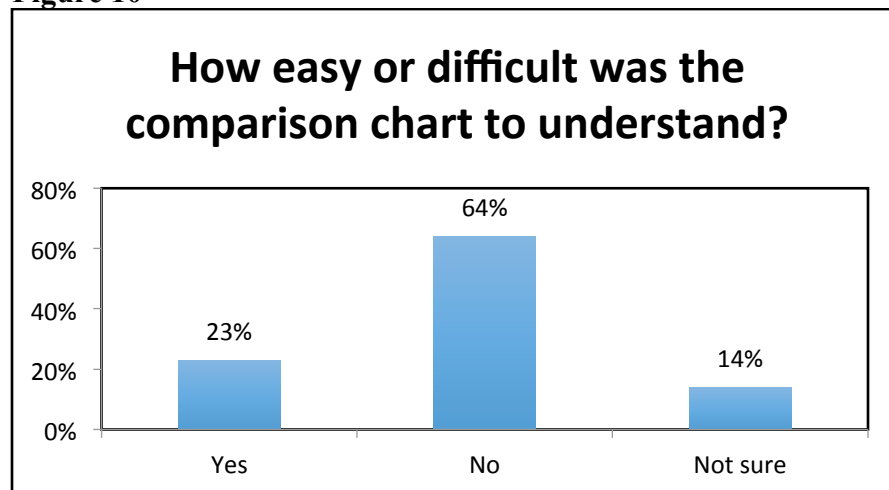


Figure 10



CONCLUSION

The survey results indicate that individuals enrolled in the CCC program who also receive EDCD waiver services have multifold health and LTSS needs. Their satisfaction with the three CCC health plans is, on the whole, high. Most individuals perceived improvements in their services or no change in existing services. Care coordinators were very well regarded.

Potential areas for further exploration are the reasons why half of survey participants did not recall meeting their care coordinator, which could be an issue of terminology. In addition, mental health and transportation services were areas where more individuals indicated deficits than for other services. Overall, respondents found the enrollment process to be easy or straightforward, and the information in the packets understandable. The vast majority of respondents was aware that they could disenroll from their health plan at any time. The general picture presented by this group of individuals is of a successful program that has engendered high consumer satisfaction and some improvements in access to care across a wide range of medical, mental health and long-term support services.